



TOWNSHIP OF FLORENCE

711 BROAD STREET • FLORENCE, NEW JERSEY 08518-2323

PHONE: (609) 499-2525 • WWW.FLORENCE-NJ.GOV

STEPS FOR SUBMITTING YOUR LANDLORD APPLICATION FORM

1. This form is to be used only for the 1st time you register as a Landlord for the property.
If you are re-registering your property for the year, please use the Landlord Renewal Form.
2. Do not put multiple units on the same form. PLEASE FILL OUT A SEPARATE FORM FOR EACH UNIT YOU OWN.
3. Review your Landlord Form to ensure all information is correct
4. Complete all the fields of the form and sign where indicated
5. Print legibly and spell names of ALL tenants, including children
6. Tenant **MUST** sign form. If you do not have a Continued Certificate of Occupancy (CCO) for the current tenants, please apply for the Housing Inspection (Rental) when you submit your landlord registration.
7. The cost is \$25 per each unit. Make the check payable to Florence Township
8. You can either mail the paperwork or drop it off at the Construction window during our regular business hours

Any questions, please call 609-499-2130 during our regular business hours, Monday-Friday 9am-12:30pm, 1:30-4:30pm.

Thank you.

Florence Township Code Enforcement Office

**FOR MUNICIPAL USE ONLY**

Application Fee of \$25 per Rental Unit

Received By _____ Date _____

Cash _____ Check # _____ Card _____

Landlord Registration Certificate # _____

**FLORENCE TOWNSHIP
LANDLORD REGISTRATION FORM****Property Information**

Street Address & Dwelling Unit (if applicable)

Block

Lot

Owner Information

Name

Address

City

State

Zip

Telephone

Cell

E-Mail

Owner of Property is a: ☐ **Corporation** ☐ **Partnership** ☐ **LLC** ☐ **Individual**

Pursuant to state law (N.J.S.A. 46:8-28), the property owner shall supply the names and addresses of all general partners in the case of a partnership, or corporate officers in the case of a corporation. *(Attach additional pages if necessary.)*

Name

Address

Title

1. _____

2. _____

3. _____

Registered Agent (If owner of record is a corporation)☐ Check here if record owner is not a corporation

Name

Address

City

State

Zip

Telephone

Cell

E-Mail

Managing Agent☐ Check here if there is no managing agent

Name

Address

City

State

Zip

Telephone

Cell

E-Mail

Authorized Agent (Required to be within Burlington County)

If no owner(s) and no managing agent resides in Burlington County, in which the dwelling is located, please provide contact information for a person who resides in the county and is authorized to accept notices from a tenant, issue receipts for those notices and accept service of process on behalf of out of county record owner(s).

Name		
Address	City	State Zip
Telephone	Cell	E-Mail

Superintendent/Janitor/Custodian

☐ Check here if there is no Superintendent, Janitor or Custodian

Name		
Address	City	State Zip
Telephone	Cell	E-Mail

Emergency Contact

Individual representative of the owner or managing agent who may be reached at any time in the event of an emergency affecting the dwelling and/or unit who has authority to make emergency decisions concerning the premises including the making of repairs and expenditures. (May be Managing Agent, Authorized Agent or Superintendent.)

Name		
Address	City	State Zip
Telephone	Cell	E-Mail

Bank or Financial Company Holding a Mortgage

☐ Check here if there is no recorded mortgage on the property

Provide the name and address of all banks or entities who own the mortgage loan that was extended to the homeowner.

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____

Building Heating Fuel Type

- ☐ Propane (complete section below)
- ☐ Fuel oil (complete section below)
- ☐ Fuel oil but landlord does not provide heat
- ☐ Natural gas
- ☐ Electricity

Name of Fuel Oil/Propane Company

Grade/Type of Fuel Oil

Address

City

State

Zip

Sewer System

- ☐ Township Sewer ☐ Private Septic

Water Supply

- ☐ Township Water ☐ Private Well

Additional Items Needed (Please indicate that each of the following is included with your registration)

- ☐ Payment of \$25 Annual registration fee
Checks are made payable to: Florence Township

- ☐ Fully executed copy of lease agreement signed by all adult tenants or certification that no written lease exists

- ☐ Indicate party responsible for payment of:

Water & Sewer Utility: _____

Property Taxes: _____

- ☐ Federal Lead Based Paint Disclosure
*Only applicable for dwellings built before 1978

- ☐ Floor Plan with size of each room occupied for sleeping purposes and each habitable room (see sample drawing)

Property located at: _____
The total number of occupants living in the dwelling unit is _____
I will not authorize more than the maximum permitted tenants, which is _____, to occupy the premises. <div style="text-align: right; font-size: small;">(enter # from CCO)</div>

Date Tenancy commenced or will commence: _____

Name all tenants, including minors. Include tenant contact #. (Please PRINT clearly)	
	Tenant Telephone

I certify that I am the responsible tenant for this property

Signature of Tenant

Date

I certify that the above information is true and that I am the owner/landlord or I am a corporate officer, partner/manager authorized to sign the registration. I further certify that I understand pursuant to Chapter 116 of the Code of the Township of Florence, an application to renew the *Landlord Registration Form* shall be filed annually no later than January 31st and amended, as necessary, within 20 days of each change of occupancy of the rental unit. I understand that in the event there are any changes in ownership of this rental facility, or rental status, I am required by law to notify the Township of Florence before such change occurs.

Signature of Landlord / Authorized Agent

Date

SAMPLE

